



APPLICATION FOR COASTAL SITE PLAN REVIEW

Complete, notarize, and forward **thirteen (13) hard copies and one (1) electronic copy in PDF format** of all project plans and documents to Clerk of the Zoning Board with a **(see Fee Schedule Below)** payable to the City of Stamford.

An additional fee of \$50 for single-family zoned property and \$100 for properties with all other zoning designations is required for review by the Stamford Harbor Management Commission. Two separate checks are required with the submission of the application

NOTE: ADVERTISING COST OF THE RESULTS OF THE ZONING BOARD REVIEW IS PAYABLE BY THE APPLICANT PRIOR TO PUBLICATION.

Fee Schedule

| | |
|--|---|
| Coastal Site Plan Review (Commercial Projects Under 5,000 sq. ft. or Single Family Detached Home) | \$335.00 |
| Coastal Site Plan Review (Commercial Projects of 5,000 sq. ft. or more or residential projects with two or more dwellings units) | \$335.00 + \$10 per 1,000 sq. ft. or per unit in excess of 5,000 sq. ft. or one unit. |

APPLICANT NAME (S): _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: _____

PROJECT LOCATION: _____

PROPERTY OWNER (S): _____

CONTACT FOR QUESTIONS: _____

ACREAGE OF PROJECT PARCEL: _____

SQUARE FEET OF PROPOSED BUILDING: _____

ZONING DISTRICT OF PROJECT PARCEL: _____

PROJECT DESCRIPTION: _____

| | |
|---|--|
| Coastal resources on which the project is located or which will be affected by the project: (See "Index of Policies" Planning Report 30) | Coastal policies affected by the project: (See "Index of Policies" Planning Report 30) |
| <input type="checkbox"/> a. bluffs or escarpments <input type="checkbox"/> b. rocky shorefront <input type="checkbox"/> c. beaches and dunes <input type="checkbox"/> d. intertidal flats <input type="checkbox"/> e. tidal wetlands <input type="checkbox"/> f. freshwater wetlands <input type="checkbox"/> g. estuarine embayments <input type="checkbox"/> h. coastal flood hazard areas <input type="checkbox"/> i. coastal erosion hazard area <input type="checkbox"/> j. developed shorefront <input type="checkbox"/> k. islands <input type="checkbox"/> l. coastal waters <input type="checkbox"/> m. shorelands <input type="checkbox"/> n. shellfish concentration areas <input type="checkbox"/> o. general resource <input type="checkbox"/> p. air resources | <input type="checkbox"/> a. water dependent uses <input type="checkbox"/> b. ports and harbors <input type="checkbox"/> c. coastal structures & filing <input type="checkbox"/> d. dredging & navigation <input type="checkbox"/> e. boating <input type="checkbox"/> f. fisheries <input type="checkbox"/> g. coastal recreation access <input type="checkbox"/> h. sewer & water lines <input type="checkbox"/> i. energy facilities <input type="checkbox"/> j. fuel, chemicals & hazardous materials <input type="checkbox"/> k. transportation <input type="checkbox"/> l. solid waste <input type="checkbox"/> m. dams, dikes & reservoirs <input type="checkbox"/> n. shellfish concentration <input type="checkbox"/> o. general development <input type="checkbox"/> p. open space |

If the project is adjacent to coastal waters, is the project water dependent? (See C.G.S. sec. 22a-93)
 YES NO NOT APPLICABLE

If yes, in what manner?
 Docks, piers, etc General public access
 Industrial process or cooling waters? Other, please specify: _____



What possible adverse or beneficial impacts may occur as a result of the project? (Attach additional sheet if necessary)

How is the proposal consistent with all applicable goals and policies of the CAM Act?

What measures are being taken to mitigate adverse impacts and eliminate inconsistencies with the CAM Act? (Attach additional sheet if necessary)

Is there any deed restriction(s) that may prohibit the construction proposed in this application? _____

If yes, list Town Clerk Book & Page reference: _____

Is any injunction or other litigation pending concerning this property? _____

If yes, include citation: _____



DATED AT STAMFORD, CONNECTICUT, THIS _____ DAY OF _____ 20_____

SIGNED: _____

STATE OF CONNECTICUT
COUNTY OF FAIRFIELD ss STAMFORD _____ 20_____

Personally appeared _____, signer of the foregoing application, who made oath to the truth of the contents thereof, before me.

Notary Public - Commissioner of the Superior Court

FOR OFFICE USE ONLY

APPL. #: _____ Received in the office of the Zoning Board: Date: _____

By: _____

Revised 04/30/20